

CITY OF ST. MARYS, GEORGIA
418 Osborne Street
St. Marys, GA 31558
(912) 510-4039

**ITEMS TO BE SUBMITTED WITH THE
APPLICATION FOR A NEW ALCOHOL LICENSE**

- (1) Complete and accurate application form. NOTE: Incomplete applications or applications lacking the necessary attachments such as articles of incorporation, partnership agreements, criminal history, etc., will not be processed. Council will not act upon incomplete or inaccurate applications. Applications filed with the Clerk may not be amended.
- (2) Current plat of **survey** for a new license shall be accompanied by a plat of survey prepared, signed and sealed by a registered land surveyor depicting or showing the proximity of the location to be licensed to:
 - (1) Churches;
 - (2) School buildings, educational buildings, and school;
 - (3) Housing authority properties;
 - (4) Location for which a valid alcoholic beverage license exists;
 - (5) Any dwelling lying within the distance requirements noted in the SEPARATION DISTANCE TABLE for each license classification.
 - (6) College campus or property employed as a college campus;
 - (7) Alcohol Treatment Facility or Mental Health Facility located within the distances noted in the SEPARATION DISTANCE TABLE.
 - (8) Accurate street address or legal description of the property upon which the establishment is to be located.

All applications required to be accompanied by a plat under this provision shall include an additional fee for site plan review as set forth in Section 10-11.

Survey must also verify the **street address** of the property to be licensed.

Please review the entire Alcoholic Beverage Ordinance for requirements before making application. The Alcoholic Beverage Ordinance is available at www.municode.com.

- (3) Complete and detailed **plans of the building** and **outside premises** of the location to be licensed.
- (4) Copy of **lease agreement** if location to be leased by applicant.
- (5) Copy of **franchise agreement** if business to be licensed is subject to a franchise agreement.

- (6) **Criminal history** record information consent form and copy of driver's license. (Form obtained from the City Clerk's Office.)
- (7) Copy of **certificate of incorporation** and **articles of incorporation** and/or **partnership agreement**.
- (8) Completed **Affidavit Verifying Status for City Public Benefit Application** (Form obtained from the City Clerk's Office.)
- (9) If **applicant is not a city resident**, all licensed establishments must designate and continuously maintain a resident of Camden County upon whom any process, notice or demand required or permitted by law or under Chapter 10 Alcohol Beverages Ordinance to be served upon the licenses or owner may be served. The applicant shall file the name of such representative, along with the written consent of such person, if different from applicant, with the City Clerk and shall be in the form of a letter, witnessed and notarized.
- (10) **GAPS live scan fingerprints:** (Record information must be provided to the City Clerk's Office prior to scanning) A Credit Card or Money Order in the amount of \$52.90 for live scan fingerprints at the following location:

Camden County CASA
696 East William Avenue
Kingsland, GA 31548
(Mon-Thru 8:30 am-4:30 pm)
- (11) A Money Order or Cashier's Check in the amount of \$97.10, payable to the "City of St. Marys" for the application processing fee, advertising costs and criminal history record.
- (12) All ad valorem and personal property taxes must be current. The City Charter provides that the City may deny and/or revoke an alcohol license in the event that ad valorem or any other fees due the City are not paid.
- (13) **Occupational Tax** (business license) requirements must be current.

PLEASE NOTE: The actual license fee (\$1,100.00 for beer/wine and \$1,650.00 for spirituous liquor) does not have to be paid until the license has been granted by City Council.

The City of St. Marys mandatory Alcohol Servers Training Program has been suspended until further notice. **A background check and servers permit must be obtained from the St. Marys Police Department prior to individual serving alcohol.** Application information for a State alcohol license may be made at the following location:

Georgia Department of Revenue
Alcohol and Tobacco Division
1800 Century Center Blvd., NE

Suite 1530
Atlanta, Georgia 30345
(912) 389-4423 Telephone
(912) 389-4411

Darlene M. Roellig
City Clerk



City of St. Marys, Georgia
418 Osborne Street
St. Marys, GA 31558



20____
YEAR

**APPLICATION
ALCOHOL BEVERAGE LICENSE**

TYPE OF LICENSE

ON-PREMISE

OFF-PREMISE

BEER & WINE	\$ 1,100.00	___ With Food	___ Without Food	___ With Food	___ Without
Food					
SPIRITUOUS LIQUOR	\$ 1,650.00	___ With Food	___ Without Food	___ With Food	___ Without
Food					
BEER/WINE/LIQUOR	\$ 2,750.00	___ With Food	___ Without Food	___ With Food	___ Without
Food					
PRIVATE CLUBS	\$ 550.00	___ With Food	___ Without Food		
TEMPORARY DAILY	\$ 110.00	___ With Food	___ Without Food	(Two days per year.)	

Before the undersigned attesting officer, duly authorized by law to administer oaths, personally appeared the undersigned applicant for a license or permit for the sale of alcoholic beverages in the City of St. Marys, Georgia, and, being first duly sworn, on oath, states that the information given, statements made, and questions answered in this application are true and correct:

1. State the official name which the business or establishment to be licensed will be conducted:

2. If natural person(s), state the name(s), Social Security number(s), telephone number(s), mailing address(es), and birth date(s) of all applicant(s) and/or owner(s) of business to be licensed:

3. If applicant is a partnership of any kind, state the names, Social Security numbers, telephone numbers and mailing addresses of all members of the partnership:

4. If Applicant is a corporation, state the following:
 - (a) Shareholders' names, Social Security numbers, telephone numbers, and addresses:

(b) Officers' names, Social Security numbers, telephone numbers, and addresses:

President: _____

Vice President:

Secretary:

Treasurer:

(c) Members of Board of Directors names, Social Security numbers, telephone numbers and addresses:

Board Member:

Board Member:

Board Member:

Board Member:

5. State the name(s), Social Security number(s), telephone number(s), and mailing address (es) of any persons or entities, other than those named above, who will have any financial interest or beneficial ownership interest in the establishment or business to be licensed:

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6. State the name(s), Social Security number(s), and mailing address (es) and birth date(s) of each person who will manage the establishment or business to be licensed:
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-
-
7. State whether or not the above-named manager(s) has ever been convicted of a crime or has ever been the subject of an alcoholic beverage license suspension or revocation by the State of Georgia or any other city or jurisdiction:
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-
-
8. If the response to the preceding was in the affirmative, state the date, nature, and name of said revoking or suspending body or agency:
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-
9. State whether or not the applicant and/or any of the officials, entities, or persons named above have ever been convicted of violating any ordinance, regulation, or law of any jurisdiction with regard to the sale or distribution of alcoholic beverages:
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-
10. If your response to the preceding was in the affirmative, give a detailed description of such violation, including the name of the jurisdiction where the violation occurred:
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11. State whether or not the applicant and/or any of the officials, entities or persons named above have ever been the subject of a suspension or revocation proceeding which regard to any alcoholic beverage license or permit:
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-
12. If the answer to the preceding was in the affirmative, state a detailed description of such adverse administrative action and the name of the jurisdiction wherein such action occurred:
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-
13. State whether or not any of the individuals or entities identified above has been convicted of any crime and, if so, state a detailed description which includes the nature of the offense, date of conviction, and name of the jurisdiction:
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14. If applicant or any of the individuals or entities named above holds an alcohol beverage license from any other jurisdiction or from the State of Georgia, state the name of each such jurisdiction and of the licensed location for any State license or attach a copy of each such license to this application:
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15. State the physical address of the location to be licensed:

16. If the location for which the license is sought has been or is now licensed, state the name of the business or establishment and the name of the license:

17. State the nature of the business to be conducted at or upon the location to be licensed (i.e., restaurant, convenience store, lounge or bar, pool hall, etc.):

The undersigned hereby stipulates and states that all statements given in this application are true and correct and made for the purpose of inducing aforesaid City to issue or renew said alcoholic beverage license(s). Applicant further states this document is sworn to and subscribed hereto with the full knowledge that any statement herein, given falsely shall constitute perjury and may result in the revocation of the license granted or the refusal to grant such license. The applicant agrees to comply and abide by the City's Alcoholic Beverage Ordinance.

Applicant further acknowledges that application must be fully completed at the time of filing and that applications may not be supplemented, amended, or revised after filing with the Clerk, except to correct misspelling or names.

APPLICANT HEREBY AGREES AND CONSENTS PURSUANT TO PUBLIC LAW 93-579 OF THE PRIVACY ACT OF 1974, THE DISCLOSURE OF INFORMATION OBTAINED IN THIS APPLICATION MAY BE SUBMITTED TO ANY AGENCY OF THE CITY, COUNTY, STATE, AND FEDERAL GOVERNMENT FOR THE PURPOSES OF OBTAINING THE NECESSARY INFORMATION TO PROCESS THE APPLICATION.

Sworn to and subscribed to this _____ day of _____, 20_____

APPLICANT(s)

WITNESS

NOTARY PUBLIC
[SEAL]

City of St. Marys, Georgia

Date application and check received City:_____ City Clerk:_____



City of St. Marys
Affidavit Verifying Status
For City Public Benefit Application

By executing this affidavit under oath, as an application for a City of St. Marys, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for:

- ___ Business License
- ___ Georgia Occupational Tax Certificate
- ___ Alcohol License
- ___ Taxi Permit or
- ___ Other public benefit

Please check one

Name: _____
Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity

1. ___ I am a United States citizen

OR

2. ___ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of the Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Date of Birth

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20____

Printed Name

Notary Public
My Commission Expires:

Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provided their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



St. Marys Police Department

563 Point Peter Road
St. Marys, Georgia 31558
912-882-4488



Timothy P. Hatch
Chief of Police

Rodger L. Wooten
Assistant Chief of Police

CONSENT FORM

I hereby authorize _____

To receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose Code 'M')
- ☐ Employment with elder care (Purpose Code 'N')
- ☐ Employment with children (Purpose Code 'W')
- ☐ Employment with criminal justice agency-civilian (Purpose Code 'J')
- ☐ Employment with criminal justice agency-P.O.S.T. certified (Purpose Code 'Z')

Notary Signature & Stamp

Date



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

Date: _____